

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

Approved by OMB
3080-0076
Est. time per response:
1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION I - General Information

1. Name and Mailing Address of Respondent
MAP Communications, Inc
840 Greenbrier Circle Ste. 202
Chesapeake, VA 23320

☐ Check here if this
is a change of
address.

2. Year Report Filed
2017

3. Reporting Period (Ending Date of Pay
Period Covered by Report)
3/10/2017

4. Number of Full-Time Employees during Selected
Reporting Period (check one):
a. ☐ Fewer than 16 (complete Sections I, IV, and V only)
b. ☒ 16 or more (complete all sections)

SECTION II - Full-Time Employees.

Job Categories		Number of Employees (Report employees in only one category)																		
		Race/Ethnicity																		
		Hispanic or Latino		Not-Hispanic or Latino																Total Columns A - N
				Male								Female								
Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races							
Executive/Senior Level Officials and Managers	1.1	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	
First/Mid-Level Officials and Managers	1.2	7	1	10	1	0	0	0	0	0	0	0	0	23	11	0	0	0	53	
Professionals	2	0	0	6	1	0	0	0	0	0	0	0	0	0	0	0	1	0	8	
Technicians	3	0	0	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0	3	
Sales Workers	4	1	1	2	0	0	0	0	0	0	0	0	0	3	2	0	0	0	9	
Administrative Support Workers	5	26	69	49	26	0	1	0	0	3	213	201	2	9	6	9	6	9	614	
Craft Workers	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Laborers and Helpers	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	10	34	71	71	28	1	1	0	0	3	243	214	2	9	7	9	7	9	693	
PREVIOUS YEAR TOTAL	11	14	44	66	19	0	1	0	0	2	210	136	3	7	5	14	5	14	521	

SECTION III - Part-Time Employees.

Number of Employees
(Report employees in only one category)

Race/Ethnicity

Job Categories	Hispanic or Latino		Male						Not-Hispanic or Latino						Total Columns A - N	
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
Executive/Senior Level Officials and Managers	1.1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1.2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	5	10	19	4	3	0	5	0	1	26	48	0	6	1	5	128
Craft Workers	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	10	10	19	4	3	0	5	0	1	26	48	0	6	1	5	128
PREVIOUS YEAR TOTAL	11	5	13	9	5	0	3	0	0	38	31	0	4	1	2	111


SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.

☒ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.

☐ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company.
(Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.)

SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date	05/22/2017	Typed or Printed Name of Person Signing	Grant Sibley	Signature		Telephone No.	(757) 424-1191
Title of Person Signing	CFO	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).					